

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

007011024

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		1				
4		2				
5		2				
6		2				
7		2	1			
8	1					
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16	1	1				
17	1					
18		1				
19	1					
20	1					
21	1					
22	1					
23		4				
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
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49						
50						
TOTAL IND.	9	↓	2	↓		↓
TOTAL DEP.	21	↓	10	↓		↓
TOTAL CLAIMS	30		12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS